

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27435

Entity Name: GULF BREEZE ARTS, INC.

Current Principal Place of Business:

1060 SHORELINE DRIVE
GULF BREEZE, FL 32561

Current Mailing Address:

P.O. BOX 52
GULF BREEZE, FL 32562

FEI Number: 59-2913268

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

POWELL, DIANNE K
4982 HICKORY SHORES BLVD.
GULF BREEZE, FL 32563 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DIANNE K POWELL

04/02/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name HERZOG, REBECCA
Address 23 HIGHPOINT DRIVE
City-State-Zip: GULF BREEZE FL 32561

Title VP
Name STENSTROM, DONA
Address 10100 HILLVIEW DRIVE
APT. 1D
City-State-Zip: PENSACOLA FL 32514

Title SECRETARY
Name WILILAMS, ANITA
Address 5029 SOUNDSIDE DRIVE
City-State-Zip: GULF BREEZE FL 32563

Title ASST. TREASURER
Name WEEKS, SUSAN
Address 311 WASHINGTON AVENUE
City-State-Zip: GULF BREEZE FL 32561

Title T
Name POWELL, DIANNE
Address 4982 HICKORY SHORES BLVD
City-State-Zip: GULF BREEZE FL 32563

Title VP
Name FRECKMANN, DONNA
Address 2810 SANDY RIDGE ROAD
City-State-Zip: GULF BREEZE FL 32563

Title ASST. SECRETARY
Name WOOD, MIRIAM
Address 3746 BENGAL ROAD
City-State-Zip: GULF BREEZE FL 32563

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DIANNE K POWELL

TREASURER

04/02/2014

Electronic Signature of Signing Officer/Director Detail

Date